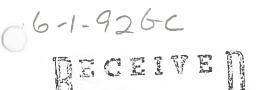


MISSOURI DEPARTMENT OF NATURAL RESOURCES WASTE MANAGEMENT PROGRAM



福	NOTIFICATION OF HAZARDOUS WASTE ACTIVITY																			200.00	TAKE .									
SEND TO MISSOURI DEPARTMENT OF NATURAL RESOURCES, WASTE MANAGEMENT PROGRAMAY / 1992 P.O. BOX 176, JEFFERSON CITY, MO 65102																														
FOR OFFICIAL USE ONLY																														
	COMMENTS MICSOURI DEPARTMENT OF NATURAL RESCURCES																													
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II. INSTALLATION MAILING ADDRESS STREET OR P.O. BOX NUMBER																														
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III. LOCATION OF INSTALLATION STREET AND NUMBER																														
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		. GEN							ШЖ												SED (OIL FL	UEL MARKETER (OR ON-SITE BURNER)							
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VII. V	/AST	E FL	JEL E			2018							-																	
																	s) ir	wh	ich	haza	rdou	s w	aste	fuel	or c	ff-sp	ecifi	icatic	n u	sed
	(Enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices) ☐ A. UTILITY BOILER ☐ B. INDUSTRIAL BOILER ☐ C. INDUSTRIAL FURNACE																													
☐ A. UTILITY BOILER ☐ B. INDUSTRIAL BOILER ☐ C. INDUSTRIAL FURNACE VIII. MODE OF TRANSPORTATION (TRANSPORTERS ONLY-ENTER 'X' IN THE APPROPRIATE BOX(ES)																														
	□ A. AIR □ B. RAIL □ C. HIGHWAY □ D. WATER □ E. OTHER (SPECIFY)																													
IX. F	X. FIRST OR SUBSEQUENT NOTIFICATION																													
	Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below. C. INSTALLATION'S EPA I.D. NUMBER													s is																
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	OF HAZARDOL		4 4 4	neatha int		et Fa I	1001117116	agil ki	una u		
A. Wastes from Non sources your insta	allation handles. Be	F-List). Enter low each numi	the four-digit ber enter mon	number fr thly genera	om 40 CI	R Part 261.3 Int in pounds	31 for eac and frequ	h listed ha ency code	zardous w A, B, or C.	aste from n	onspecific
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THEGOLIACT	10	3.		103.		- (108.		L	lbs.	
B. Wastes from Spe your installation h	cific Sources (K-Li andles. Below each	st). Enter the number, ente	four-digit nur r the monthly	nber from generation	40 CFR P	art 261.32 fo	r each list	ted hazard code A, B,	ous waste , or C.	from specif	ic sources
WASTE I.D. NO.											10,00
AMOUNT AND FREQUENCY	lbs	S.		lbs.			lbs.			lbs.	
C. Commercial Chami	and December 1 Was to a										
C. Commercial Chemic which may be haza	rdous waste. Below e	(w and P Lists) each number, ei	. Enter the four	r-digit numb v deneration	er from 40 amount in	CFR Part 261	,33 for eacl	h chemical	substance y	our installati	on handles
WASTE I.D. NO.	THA EL	-		y gonoration			Tequency c	Jode A, B, O	T T		
AMOUNT AND					<u> </u>				39		
FREQUENCY	Ibs	3.		lbs.			ibs.			lbs.	
D. (Reserved)								A 1			
F Characteristics of I	Vanistad Hazardous	- Monton Mark	an IVI in the	.							
E. Characteristics of 1 handles. (See 40 Cl code A, B, or C.	FR Parts 261.21 - 261	I.24) Below eac	th box that you	check, ente	er the mon	to the charac thly generatio	n amount e	nonlisted expressed in	nazardous n pounds ar	wastes your od generation	frequency
AMOUNT AND	X 1. IGNI	TABLE 001)			2.	CORROSIV (D002)	E			3. REAC (D003	
FREQUENCY	100	Ibs. C				lbs.				lb	s.
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	4. TOXIC	Enter the four	-diait number	which ide	ntifies ead	h characteri	stic toxic	waste Bel	ow each n	umber ente	ar.
	the mon	thly generation	n amount and	frequency.			01.0 104.0	., 4010. 501	017 00011 11	amber, ente	
						III I I	154				111 5
AMOUNT AND FREQUENCY											
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MISSOURI GENE	RATOR ID NUM	IBER (IF PR	EVIOUSLY	ASSIGNE	D)						- 3
PRINCIPAL BUSI	NESS ACTIVITY	/							· · · · · · · · · · · · · · · · · · ·		
S.I.C. CODE (LEA	VE BLANK IF U	NCERTAIN)			33.1		Phi	- 129		22
CHECK THIS BO	X IF YOU GENE	RATE/ACC	UMULATE L	ESS THA	N A RE	PORTABLE	E QUANT	ΓΙΤΥ			
XI. CERTIFICAT	ION							<u> </u>	mainn-		min and
I certify under per documents, and the information is true	at based on my in , accurate, and o	quiry of thos complete. I a	e individuals	immediat	ely respo	nsible for o	btaining	the inforn	nation, I b	elieve the s	submitted
the possibility of fir	ie and imprisonm	ient.	14	NAME AND	OFFICIAL T	TITLE (TYPE O	R PRINT)		DATE		А 1
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